

## Revised CCT Transition Process

Steps	Deliverable(s)		State Approval	Outcome	CCT Lead Organization Performance Measures
	Keep On-site	Submit to State			
<b>1. Outreach and Targeting</b> <ul style="list-style-type: none"> <li>Develop relationships with area SNF and MCHP <b>(not required)</b></li> <li>Receive a list of names of people requesting more information about community integration (MDS, Section Q)</li> </ul>	<ul style="list-style-type: none"> <li>CCT LO – MCHP contracts</li> <li>MDS Referral Tracking Log</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Monthly Report</b> <ul style="list-style-type: none"> <li><i>CCT Monthly Event/Issue Report</i></li> </ul> </li> <li><input type="checkbox"/> <b>Tracking Data Sheet for MDS 3.0 Section Q Referral Encounters</b></li> </ul>		Recognition and on-going business relationships; sustainable network of service providers	
<b>2. Information Gathering</b> <ul style="list-style-type: none"> <li>Conduct an initial interview with consumer.</li> <li>For interested beneficiaries who sign the <i>CCT Enrollees'/Participants Rights &amp; Responsibilities/Consent Form &amp; Authorization for Release of Protected Health Info.</i>, TC will collect records necessary to conduct local-level Clinical Assessment.</li> </ul> <p><i>Assessment Tool</i></p> <ul style="list-style-type: none"> <li>LO's RN completes clinical assessment on beneficiary</li> </ul> <p><i>CCT Initial Transition and Care Plan</i></p> <ul style="list-style-type: none"> <li>developed with the majority of needs, services, and supports identified</li> </ul>	<ul style="list-style-type: none"> <li><i>Authorization for Release of Protected Health Info</i></li> <li><i>CCT Enrollees'/Participant s' Rights &amp; Responsibilities/Consent Form</i> <ul style="list-style-type: none"> <li><i>24-7 Back-up Plan</i></li> <li><i>Independent Housing Disclosure</i></li> <li><i>Copy of the signed Lease Agreement</i></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <i>Assessment Tool</i></li> <li><input type="checkbox"/> <i>CCT Initial Transition and Care Plan</i></li> <li><input type="checkbox"/> <i>CCT NEI Form (&amp; Facility Face Sheet)</i></li> </ul> <p>Assessment &amp; Planning <b>TAR</b></p>	<ul style="list-style-type: none"> <li>\$908.60 "dollar amount" for TC</li> </ul>	<ol style="list-style-type: none"> <li>Beneficiary is enrolled in CCT <ul style="list-style-type: none"> <li><input type="checkbox"/> <i>Assessment Tool, CCT Initial Transition and Care Plan and CCT NEI Form (&amp; Facility Face Sheet)</i></li> </ul> </li> <li>submitted to DHCS NE for review</li> <li><b>LO will receive TC hours for work performed if all documentation is provided, regardless of NEII approval.</b></li> </ol>	<ol style="list-style-type: none"> <li>Ratio between the number of beneficiaries who were referred to CCT, and the # of those individuals who signed the <i>CCT Enrollees'/Participants' Rights &amp; Responsibilities/Consent Form</i> to enroll in CCT</li> </ol>

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<b>3. DHCS Nurse Evaluator (NE) Review</b> <input type="checkbox"/> Clinical Review of Enrollee's <i>Assessment Tool, CCT Initial Transition and Care Plan and CCT NEI Form (&amp; Facility Face Sheet)</i> <ul style="list-style-type: none"> <li>(with all necessary supporting documentation)</li> </ul>			<ul style="list-style-type: none"> <li>100 hours of TC</li> </ul>		1. Ratio between the # of beneficiaries enrolled in CCT, and the # those determined to be transition-able by DHCS NEs  2. Maximum, minimum, and average costs of individuals who do not get approved by DHCS NEs
<b>4. Implementation</b> <i>CCT Final Transition and Care Plan</i> <ul style="list-style-type: none"> <li>Work with Enrollee, Legal Representative (if applicable), facility discharge planner, MCHP representative, LO RN, &amp; LO TC to develop a <i>CCT Final Transition and Care Plan</i> that addresses the individual's unique medical and socio-economic needs in the community</li> <li>Identify &amp; secure appropriate and available HCBS, housing, in home support worker(s), etc.</li> </ul>	<ul style="list-style-type: none"> <li>Any additional supporting documentation (<i>keep on site and provide copy to consumer</i>)</li> </ul>	<input type="checkbox"/> <i>CCT Final Transition and Care Plan</i> , including: <input type="checkbox"/> Home Set-Up <b>TAR</b> <input type="checkbox"/> Home Modification <b>TAR</b> <input type="checkbox"/> Vehicle Adaptation <b>TAR</b> <input type="checkbox"/> Assistive Devices <b>TAR</b> <input type="checkbox"/> Habilitation <b>TAR</b> \$11.36 / 15 minutes (\$45.44 / hour) (15hr. max) <input type="checkbox"/> <i>Baseline QOL</i>	<ul style="list-style-type: none"> <li>Home Set-up \$ based on qualified housing arrangement <b>(3 month lifespan)</b></li> <li>Home Modification, up to \$7,500 <b>(3 month lifespan)</b></li> <li>Vehicle Adaptation, up to \$12,000 <b>(9 month lifespan)</b></li> <li>Assistive Devices, \$7,500 <b>(9 month lifespan)</b></li> <li>Habilitation \$11.36 / 15 min. (\$45.44 / hour)</li> </ul>	HCB LTSS identified, secured, & ready to implement safe and sustainable transition	1. Ratio between the # of beneficiaries determined to be transition-able by DHCS NEs, and the # those who actually transition to the community  2. Maximum, minimum, and average costs of transition coordination hours for individuals (approved by DHCS NEs) who do not end up transitioning to the community  3. Required CCT documents are being provided to the beneficiary are easily accessible (physically and cognitively) at home/ place of residence

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5. <b>Follow-Up</b> <ul style="list-style-type: none"><li>Collaborate with other service providers to ensure a smooth transition to IHSS Social Worker, MCHP Case Manager, or HCBS Case Manager</li><li>Review the <i>CCT Final Transition and Care Plan</i> with the participant and address any needs &amp;/or concerns</li><li>Explain that the CCT project ends on day 365, but that existing services will continue as long as the person remains eligible for HCB Medi-Cal services</li></ul>	<ul style="list-style-type: none"><li>Case Management notes</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Signed <i>Day of Transition Report Form</i></li><li><input type="checkbox"/> Follow-Up TC <i>TAR</i></li><li><input type="checkbox"/> <i>Follow-Up QOLs</i> x 2<ul style="list-style-type: none"><li>Month 11</li><li>Month 24</li></ul></li></ul>	<ul style="list-style-type: none"><li># hours of post-transition services (see table next page)</li></ul>	<p>The goal(s) of requiring on-going TC contact with transitioned CCT Participants is to provide:</p> <ol style="list-style-type: none"><li>Support/resources necessary to address changes in health status;</li><li>Address previously unidentified needs that only became apparent after leaving the SNF; and</li><li>A reduced sense of isolation/abandonment after transition, and/or an increase in a person’s quality of life</li></ol>	<ol style="list-style-type: none"><li>Ratio between the # of participants who drop out of the demonstration (death, return to the SNF, etc.), to the # of participants who remain in the community, and to the total # of people who were transitioned</li><li>Balance between the cost of transitioning individual, and the amount of money that was saved during the time the individual lived in the community</li></ol>

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Post-transition Follow-up\*

PLEASE NOTE

- We envision a NEW modifier added to the existing (G9012) which would be U7 (G9012 U7) to specify that the Lead Organization is able to bill for a fixed “dollar amount” of **\$908.60** for pre-TC  
- DHCS envisions changing **G9012 – U6: Transitional Case Management (TCM) and S5111: Home care training, family** from (1HR. BILLING) to (Quarter HR. BILLING)  
Example: Instead of an LO billing \$45.43/hr. they should be able to bill for **\$11.36 / 15 minutes for the services specified above.**

<div>Service Code ➡</div> <div>Post-transition HCB Services ⬇</div>	<b>G9012 – U6: Transitional Case Management (TCM)</b> Coordinated care fee, risk adjusted maintenance, other specified care management. Services to transition an eligible individual from a health facility to a HCB setting.  \$11.36 / 15 minutes (\$45.44 / hour)	<b>T2017 – U6: Habilitation, residential, waiver</b> Services to assist the CCT Participant in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in a participant’s natural environment.  \$11.36 / 15 minutes (\$45.44 / hour)	<b>S5111 – U6: Home care training, family</b> Family training services provided for the families of individuals served under the waivers. Training includes instruction about treatment regimens and use of equipment specified in the plan of care, and shall include updates as necessary to maintain the individual’s safety at home.  <b>HHAs only**</b> \$11.36 / 15 minutes (\$45.44 / hour)	<b>T1019 – U6: Personal Care Services before IHSS starts</b> Supportive services to assist an individual to remain at home and includes assistance to independent activities of daily living and adult companionship.  \$3.62 / 15 minutes (\$14.48 / hour)
<b>Informal Support / State Plan Services</b>	<u>Months 1 – 3 after transition:</u> Face-to-face 2X / month  <u>Months 4 – 12 after transition:</u> Face-to-face 1X / month  Additional care coordination required for re-establishing care, if necessary	As required, (based on medical necessity) within the first 3 months after transition, capped at 50 hours	As necessary	N/A
<b>In-Home Support Services</b>	<u>1<sup>st</sup> Month after transition:</u> Face-to-face 2X / month  <u>Months 4, 8 &amp; 12 (Quarterly) after transition:</u> Face-to-face 1X / month  <u>Months 2, 3, 5, 6, 7, 9, 10 &amp; 11 after transition:</u> Phone call 1X / month  Additional care coordination required	50 hours, post-transition (based on medical necessity)	As necessary	As required, (based on medical necessity) before IHSS starts, <b>not</b> to exceed 40 hours per week

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<b><u>Waiver Services</u></b> <b>NF/AH Waiver, Assisted Living Waiver, And other Waiver (AIDS, MSSP, SMHCP)</b>	<u>Months 1, 4, 8 &amp; 12 (Quarterly) after transition:</u> Face-to-face 1X / month <u>Months 2, 3, 5, 6, 7, 9, 10 &amp; 11 after transition:</u> Phone Call 1X / month	50 hours, post-transition (based on medical necessity)	N/A	N/A

\* The hours allocated in this chart are the maximum number allowed for each post-transition service package; if additional hours are required based on individual needs &/or circumstances, submit a request for approval of additional hours with a detailed explanation to the assigned state Nurse Evaluator (NE).

\*\* This service code may only be used by Home Health Agencies to train care takers on how to provide medical treatments and maintenance, and the services must be reviewed and approved by state NEs before any training is provided.